

Central Baptist Church of Camp Springs

Infant Blessing Request Form *(Please print clearly)*

Blessing Date Requested: \_\_\_\_\_

Early Worship Service (7:30 a.m.): \_\_\_\_\_ Mid-Morning Worship Service (11:15 a.m.): \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Cell phone: (\_\_\_\_) \_\_\_\_\_

Fax no.: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Infant Information:**

Infant Name: \_\_\_\_\_

Name of Mother: \_\_\_\_\_

Name of Father: \_\_\_\_\_

Name of Godmother: \_\_\_\_\_

Name of Godfather: \_\_\_\_\_

Officiator (office use only): \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant signature (Please print)

(Please return the completed form to Sis. Sabrina Reddick at Central Baptist Church, 5600 Old Branch Ave. Camp Springs, Maryland, 20748 or info@centralbaptistchurchcs.org)